PAGE 1/9 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. RON JOHNSON FOR SENATE, INC. PO BOX 1159 ADDRESS (number and street) (Check if address is changed) **OSHKOSH** 54903 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS RONJOHNSON@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) RONJOHNSONFORSENATE.COM (Check if address is changed) DATE 20 2022 C00482984 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. YOUNG, JASON, , MR., Type or Print Name of Treasurer YOUNG, JASON, , MR., [Electronically Filed] 04 20 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
	ne of didate	JOHNSON, RON, HAROLD, MR.,	
	didate y Affiliati	on REP Office Sought: House X Senate President	State WI District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	2/2009)			Page 3
Write or Type Committee Name				
RON JOHNSON	N FOR SENATE, INC) .		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Repr	esentative, or I	Leadership PAC Sponsor
CORNYN VICTORY C Mailing Address	OMMITTEE PO BOX 13026 AUSTIN CITY	Joint Fundraising	TX 7	78711 ZIP CODE
books and records.	tify by name, address (phone number o	optional) and position	on of the perso	n in possession of committee
Full Name Mailing Address	C/O RED CURVE SOLUTIONS 138 CONANT STREET, STE 201			
	BEVERLY		MA	01915
Title or Position	CITY		STATE	ZIP CODE
ASSISTANT TREASURER		Telephone num	ber 617	6800
3. Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the ssistant treasurer).	he treasurer of the	committee; and	the name and address of
Full Name of Treasurer Mailing Address	ASON, , MR.,			
-	138 CONANT STREET, STE 201 BEVERLY		MA	01915
Title or Position TREASURER	CITY	Telephone numl	STATE 617	ZIP CODE - 303 - 6800

FEC For	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	CRATE, BRADLEY, T., ,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT STREET, STE 201	
	BEVERLY MA 01915	
	CITY STATE	ZIP CODE
Title or Position ASSISTANT TI		303 6800
		ds accounts rents
Banks or Other safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hold boxes or maintains funds.	as accounts, ronts
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hold boxes or maintains funds. Depository, etc.	as assocints, ronts
safety deposit b	boxes or maintains funds.	
safety deposit b	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN VA 22101	
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc. US BANK 111 N MAIN STREET	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc. US BANK 111 N MAIN STREET	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc. US BANK 111 N MAIN STREET	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	ing Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 1159		
		OSHKOSH	wi j	54903
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	ndraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telep	hone Number	
	safety deposit boxes or many Name of Bank, TRUIS		committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	aintains funds.	committee deposit	s funds, holds accounts, rents
	safety deposit boxes or many Name of Bank, TRUIS	aintains funds.	committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	aintains funds. T 1445 NEW YORK AVENUE NW		
	Name of Bank, Depository, etc.	aintains funds.	committee deposit	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			FEC ID) number	C
2.			FEC ID) number	С
3.			FEC ID) number	С
4.			FEC ID) number	С
lame of Any Connected	Organization, Affil	liated Committee, Joint F	undraising Rep	resentativ	re, or Leadership PAC Spons
TAKE BACK THE	SENATE				
	DO DOV 2004				
Mailing Address	PO BOX 9891				
			1	VA	22219
	ARLINGTON				
	d Organization		Joint Fundraising	STATE A	
Connected	d Organization		-		
Connecter connec	d Organization	Affiliated Committee	-		
esignated Agent: Identif	d Organization	Affiliated Committee	-		
esignated Agent: Identif	d Organization	Affiliated Committee s (phone number – options	-		Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	d Organization y by name, address	Affiliated Committee s (phone number – options	al)	g Represent	Leadership PAC Sp
esignated Agent: Identif	d Organization y by name, address	Affiliated Committee s (phone number – options	al)	Represent	Leadership PAC Sp

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.								
			FEC	ID number	C			
2.			FEC	ID number	C			
3.			 FEC	ID number	С			
4.			FEC	ID number	С			-
Name of Any Con	_	zation, Affiliated Committee, Joint	Fundraising F	epresentative	e, or Leade	ership P	PAC Spo	nsor
Mailing Addre	ess	S. WASHINGTON STREET						
				2//2	2024	4		
	ALE	EXANDRIA		L VA	22314]-[
				STATE A		ZIP C	ODE A	
Relationship:	onnected Organi	CITY ▲ zation Affiliated Committee	Joint Fundrais		ative		nip PAC (Sponso
Designated Agent:	onnected Organi				ative			Sponso
Designated Agent:	onnected Organi	zation Affiliated Committee			ative			Sponsc
Designated Agent:	onnected Organi	zation Affiliated Committee			ative			Sponsc
Designated Agent:	onnected Organi	zation Affiliated Committee	al)	ing Representa		Leadersh	nip PAC s	
Designated Agent:	connected Organi	zation Affiliated Committee	al)			Leadersh	nip PAC s	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	.g . a. apa		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
2022 SENATORS	S CLASSIC COMMITTEE		
	228 S. WASHINGTON STREET		
Mailing Address			
	SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)		
esignated Agent: Identif	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
esignated Agent: Identif	fy by name, address (phone number – optional) CITY	STATE A	
Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	J		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fun	ndraising Representativ	e, or Leadership PAC Spon
RED VICTORY 2	! 2 		
Mailing Address	PO BOX 183		
			_
	HUDSON	wi	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Jacobs Joseph	oint Fundraising Represent	Leadership PAC Sp
		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A